

Instructions for Monthly Report of Operation — Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them. If you are testing for TBOD rather than CBOD, please make that correction to the column headings. For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data. If you are using UV disinfection, convert one of the chlorine columns to "UV Intensity".

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is: mro

"Freeze Panes" has been used to keep row and column labels visible as you scroll. This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

The Primary Effluent "Dissolved Oxygen" column may be changed to "Alkalinity" if desired.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form does not print properly onto 4 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
January	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
29	Sat	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.																
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31	Thu																	
Average																		
Maximum																		
Minimum																		
No. of Data																		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Signature of Certified Operator				Date (month, day, year)				
										Signature of principal executive officer or authorized agent				Date (month, day, year)				

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT														Other	
	Flow		BOD				Total Suspended Solids				Ammonia					
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Min.														
Data														

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
February	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Fri																
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29	Fri																
Average																	
Maximum																	
Minimum																	
No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		February	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC				SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l	
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53340 (8-07)

Year

2008

Date (month, day, year)

Date (month, day, year)

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					Percent Capacity (actual flow/design)
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		February	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
March	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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	Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		March	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)light, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of: March	Year 2008
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation
Trickling Filter or RBC
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Name of Facility	Permit Number	For Month Of:	Year
		March	2008

Signature of Certified Operator	Date (month, day, year)
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Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
	pH	Gas Production Cubic Ft. x 1000	Temperature - F											
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Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
April	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

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Monthly Report of Operation
Trickling Filter or RBC
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State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		April	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		April	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of: April	Year 2008
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
May	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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29	Thu																
30	Fri																
31	Sat																
Average																	
Maximum																	
Minimum																	
No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		May	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		May	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		May	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
June	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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30	Mon																
Average																	
Maximum																	
Minimum																	
No. of Data																	

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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		June	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter												
1				Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of: June	Year 2008
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		June	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
	pH	Gas Production Cubic Ft. x 1000	Temperature - F												
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
July	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		July	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		July	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		July	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
	pH	Gas Production Cubic Ft. x 1000	Temperature - F											
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Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
August	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Fri																
2	Sat																
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Minimum																	
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	Signature of principal executive officer or authorized agent	Date (month, day, year)

**Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant**

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		August	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC				SECONDARY EFFLUENT			FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter												
1				Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Data																

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant				Signature of Certified Operator		Date (month, day, year)	
State Form 53340 (8-07)				Signature of principal executive officer or authorized agent		Date (month, day, year)	
Name of Facility		Permit Number		For Month Of:		Year	
				August		2008	

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					
					Percent Capacity
					(actual flow/design)

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant						Signature of Certified Operator				Date (month, day, year)	
State Form 53340 (8-07)						Signature of principal executive officer or authorized agent				Date (month, day, year)	
Name of Facility		Permit Number		For Month Of:		Year					
				August		2008					

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
September	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" if Occurred)	Collection System Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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Minimum																			
No. of Data																			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Signature of Certified Operator					Date (month, day, year)				
										Signature of principal executive officer or authorized agent					Date (month, day, year)				

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		September	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			Trickling Filter		RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l		
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53340 (8-07)

Year

2008

Date (month, day, year)

Date (<i>month, day, year</i>)

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					Percent Capacity (actual flow/design)
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07)						Signature of Certified Operator 				Date (month, day, year)			
Name of Facility		Permit Number		For Month Of:		Year		Signature of principal executive officer or authorized agent				Date (month, day, year)	
				September		2008							

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Min.														
Data														

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
October	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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31	Fri																
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Minimum																	
No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07)										Signature of Certified Operator Date (month, day, year)			
Name of Facility Permit Number For Month Of: October Year: 2008										Signature of principal executive officer or authorized agent Date (month, day, year)			

Day Of Month	PRIMARY EFFLUENT			RBC			SECONDARY EFFLUENT			FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter Total Flow to Filter - mgd	Trickling Filter Biological Growth (L)ight, (N)ormal, (H)heavy	RBC Load Cell Weight - 1000 lbs.	RBC Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant				Signature of Certified Operator _____		Date (month, day, year) _____	
State Form 53340 (8-07)				Signature of principal executive officer or authorized agent _____		Date (month, day, year) _____	
Name of Facility		Permit Number		For Month Of:		Year	
_____		_____		October		2008	

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant				Signature of Certified Operator		Date (month, day, year)	
State Form 53340 (8-07)				Signature of principal executive officer or authorized agent		Date (month, day, year)	
Name of Facility		Permit Number	For Month Of:	Year			
			October	2008			

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
November	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Sat																
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29	Sat																
30	Sun																
Average																	
Maximum																	
Minimum																	
No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		November	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC				SECONDARY EFFLUENT			FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter	Biological Growth (L)ight, (N)ormal, (H)heavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53340 (8-07)

Date (month, day, year)

Date (<i>month, day, year</i>)

Name of Facility

Permit Number

For Month Of:

Year

November

2008

[illegible]

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					Percent Capacity (actual flow/design)
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

Monthly Report of Operation						Signature of Certified Operator		Date (month, day, year)								
Trickling Filter or RBC																
Wastewater Treatment Plant																
State Form 53340 (8-07)						Signature of principal executive officer or authorized agent		Date (month, day, year)								
Name of Facility		Permit Number		For Month Of:	Year											
				November	2008											
	SLUDGE TO DIGESTER		DIGESTER OPERATION													
	Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
pH				Gas Production Cubic Ft. x 1000	Temperature - F											
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
December	2008	mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
1	Mon																		
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1	Thu	Fill in January's effluent data on page 3 as																	
2	Fri	needed for weekly average calculations.																	
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Average																			
Maximum																			
Minimum																			
No. of Data																			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Signature of Certified Operator					Date (month, day, year)				
										Signature of principal executive officer or authorized agent					Date (month, day, year)				

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		December	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT			RBC				SECONDARY EFFLUENT			FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Trickling Filter		Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
				Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy											
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant				Signature of Certified Operator		Date (month, day, year)	
State Form 53340 (8-07)				Signature of principal executive officer or authorized agent		Date (month, day, year)	
Name of Facility		Permit Number		For Month Of:		Year	
				December		2008	

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Annual Summation of Monthly Reports of Operation
2008**

PERCENT REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment				
Secondary Treatment				
Tertiary Treatment				
Overall Treatment				

	Man-Hours at Plant (Plants less than 1 MGD only)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								PRIMARY EFFLUENT			RBC		SECONDARY EFFLUENT		
					Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If I	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l
Average																							
Maximum																							
Minimum																							
Totals																							
No. of Data																							
Estimated Annual Totals (Average X 365)																							

	Residual Chlorine - Contact Tank	FINAL EFFLUENT																				
		Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Flow		BOD				Total Suspended Solids				Ammonia				Other	
							Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
Average																						
Maximum																						
Minimum																						
Totals																						
No. of Data																						
Estimated Annual Totals (Average X 365)																						

	SLUDGE TO DIGESTER		DIGESTER OPERATION									
	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Anaerobic Only		Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
			pH	Gas Production Cubic Ft. x 1000								
Average												
Maximum												
Minimum												
Totals												
No. of Data												

Plant Design Flow	
Annual Average Flow	
Capacity Used	